



State of Texas Health & Human Services

Nondisclosure and Conflicts of Interest Certification

As an employee or contractor of the Texas Health and Human Services Commission (HHSC) or a Health and Human Services (HHS) agency, I may be provided access to sensitive information regarding the proposed procurement of goods and services for HHSC or an HHS agency. As such, I acknowledge that:

- My access to this information is provided solely in my capacity as an employee, representative or contractor of HHSC or an HHS agency;
- My access to this information is solely for the purpose of discharging the duties of HHSC or an HHS agency regarding the proposed procurement;
- Premature or unauthorized disclosure of this information will irreparably harm the State's interests in the proposed procurement and may constitute a violation of Section 39.02 of the Texas Penal Code, the antitrust laws of the United States and the State of Texas, and the Texas Public Information Act, Chapter 552, Texas Government Code; and
- The information may represent confidential or proprietary information, the release of which may be restricted or prohibited by law.

AGREEMENT NOT TO DISCLOSE

I agree that I shall use any information that I receive in my capacity as an HHSC or HHS agency employee or contractor— whether written or oral, formal or informal – for the following purposes only:

- To provide the goods, services and/or deliverables required or requested under this HHSC or HHS agency procurement and provide advice, opinion or recommendation requested by HHSC or an HHS agency in the course of fulfilling the duties regarding the proposed procurement as prescribed under the resulting contract;
- To evaluate the submissions received from vendors or offerors in connection with the proposed procurements and assist HHSC or an HHS agency in developing any documents, reports, working papers, evaluations, schedules, or instruments necessary to fulfill the requirements of the procurement.

I further agree that I will regard any such information as confidential and that I will not disclose, reveal, communicate, impart or divulge the information or any summary or synopsis of the information in any manner or any form whatsoever, except under the following circumstances:

- When authorized in writing by an HHSC or HHS employee associated with the respective proposed procurement;
- When required by court order, subpoena, or ruling of the Attorney General;
- When advised by HHSC Legal Counsel that disclosure is required by law or legal process;
- When the information has previously been released to the general public by HHSC or an HHS agency regarding the respective proposed procurement -provided such release was not inadvertent or unintentional; and
- When required, to brief or inform a superior provided the superior is informed of and agrees to the limitations on further disclosure contained in this statement.

CONFLICTS OF INTEREST CERTIFICATION

I certify that:

- I will not participate in any proposed procurement project that would have a direct or foreseeable conflict or negative effect on HHS due to my relationship or association with any person, company or organization, financial or otherwise. For purposes of this statement, the interests of my spouse, my minor child, my general partner, any organization in which I serve as officer, director, trustee, general partner, or employee, and any person or organization with whom I am discussing employment or similar contractual relationship, are attributed to me.
- I will not participate in the evaluations or processing of any proposed procurement involving a particular person or a particular matter that I believe would cause a reasonable person with knowledge of the relevant facts to question my impartiality.
- Prior to my participation in any proposed procurement, I agree that I will disclose any actual or potential conflicts of interest that I may have with such duties as well as any appearances of impropriety that might reasonably exist. In addition, I agree to disclose any such actual or potential conflicts of interest or appearances of impropriety as soon as I am aware of same.
- I am not currently employed by, nor am I receiving any compensation or benefits from, any current vendor or respondent to a procurement in which I participate. I have not been the recipient of any present or future economic opportunity, employment, gift, loan, gratuity, special discount, trip, favor, or service in connection with any responses or involved respondent in return for favorable consideration. I have no preconceived position on the relative merits of any of the submitted responses nor have I established a personal preference or position on the worth or standing of any respondent participating in this action.
- I will not take any action that could violate Chapter 572, Subchapter C, of the Texas Government Code.

The aforementioned statements supersede any other non-disclosure statement related to the proposed procurement. Any prior authorizations relating to access to information related to the proposed procurement are withdrawn.

In addition, I agree to notify the HHSC or HHS agency employee associated with the respective proposed procurement immediately if I learn or have reason to believe that any information covered by this Nondisclosure and Conflicts of Interest Certification has been disclosed, intentionally or unintentionally, by any person.

PAST WORK EXPERIENCE

Prior to my current position at HHS, I worked at the following private and/or non-profit entities during the time periods set out below:

_____	_____
_____	_____
_____	_____

I have provided below any additional information I believe is relevant for management's consideration in determining my participation in this procurement. _____

By signing this statement, I acknowledge that I understand and agree to adhere to the limitations on disclosure described above as well as the provisions about conflicts of interest and appearances of impropriety.

Signature

Date

Printed Name

PCS 117A (rev. 02-22-16)